CARIBBEAN ADVERTISING SPECIALTIES ASSOCIATION

Regional Affiliate

www.casapr.net

Distributor Membership Renewal/Information 2018

(Please type or Print)

Company Name: _____

PPAI Member #: _____ ASI Member #:_____ SAGE Member #:_____

Principal:_____ Position: _____

Principal's Email:_____ Cell No: _____

Postal Address:_____

Physical Address: _____

Office Phone No. _____ Fax No. _____

Alternate Representative in CASA: _____ Position: _____

Alternate's Email:_____ Cell No: _____

Total Membership Fee: $150.00 for up to 3 reps (including Principal), $175 up to 6 reps, $200 more than 7 reps
Membership is annually and runs from January 1st to December 31st, 2018

Payment Form: Amount: $_____ (___) Check No._____ Payable to CASA (___) Visa (___) Master Card

Card Number:_____ Exp _____ Security Code_____

(___) Cardholder name is the Principal's (___) Card Billing address is the Postal – If not, please indicate below:

_____

(____) PAID THROUGH URMA (Still needs to provide all the company and reps information)

Number of Sales Representatives/Alternates in your Company to attend events: (Other than Principal and Alternate):

Name: _____ Email:_____ Cell:_____

Name: _____ Email:_____ Cell:_____

Name: _____ Email:_____ Cell:_____

Name: _____ Email:_____ Cell:_____

Name: _____ Email:_____ Cell:_____

Name: _____ Email:_____ Cell:_____

Name: _____ Email:_____ Cell:_____

Name: _____ Email:_____ Cell:_____

I certify the above information is correct and we meet CASA's requirement for membership. By renewing my membership, I agree to abide by the CASA Bylaws, Rules and Regulations, Code of Ethics and Policies and Procedures.

Distributor's Name	Principal's Signature	Date	Validated by C.A.S.A.

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